



Toll Free # 1-800-771-1204

<http://www.doh.wa.gov/hsqa/fsl>

MIGRANT FARM WORKER HOUSING LICENSE APPLICATION

Mail to: Department of Health

Revenue Section

PO Box 1099

Olympia, WA 98507-1099

Facility Name: _____
(as advertised on signs, letterhead, business name, website, etc.)

Site Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Contact Person (the person responsible for the day-to-day operation):

Name: _____ Title: _____

Telephone: _____ Fax: _____

Cell Phone: _____

Public Water System (PWS) ID#: _____

PWS Name _____

Total Number of Dwelling Units: _____ Total Number of Occupants: _____

Occupants Arrival Date: _____ Occupants Departure _____

Date opened (new facility): _____

Date of sale closed/transferred (change of ownership/operator/licensee): _____

Return the following to the above address:

- ☐ Signed Application/UBI (this two-sided form)
- ☐ Copy of Master Business License
- ☐ Applicable licensing fee (see licensee fee table below)

License fee is \$25.

Plus an Onsite Fee based on the greater number of units/occupants listed below:

4 or less units/9 or less occupants:

Onsite Fee \$45

5 to 10 units/10 to 50 occupants:

Onsite Fee \$70

11 to 20 units/51 to 100 occupants:

Onsite Fee \$120

21 to 50 units/101 to 150 occupants:

Onsite Fee \$150

51 or over units/151 or over occupants:

Onsite Fee \$175

(payable in US funds)

Call 1-800-771-1204 for calculation of fee for multiple sites.

It is a violation of Washington State Law to operate without a current license.

Licenses are not transferable.

Please complete and sign the reverse side.



DOH Form 550-025J (12/04)

Revenue Use Only

Facility Name _____

1F 0299634350 00635

Please fill in your master business license number also known as Uniform Business Identifier Number (UBI#) in the spaces below. Your number looks similar to this **600, 601, or 602-000-000**. If you DO NOT have a master business license number, please contact the Washington State Department of Licensing at (360) 664-1400.

WASHINGTON UBI# _____ - _____ - _____

Please enclose a copy of your current Master Business License that reflects the above UBI#.

BUSINESS STRUCTURE (check one of the following):

☐ Sole Proprietor

Print Name

Print Name

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Corporation ☐ Limited Liability Corporation

List of Controlling Officers, Partners, Members, Managers and Title: (Attach additional pages if needed)

Print Name

Title

Print Name

Title

Print Name

Title

Print Name

Title

This application without a signature will be returned.

I certify that I have received, read, understand, and agree to comply with chapter 246-358 WAC regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Authorized Representative

Print Name/Title

Date